

Request For Every Woman Counts Data

Submit to: **FAX: (916) 440-5630**

Cancer Detection and Treatment Branch (CDTB)
Data Management, Evaluation and Research Unit (DMERU)

For office use only:

Date Received: _____

ID number: _____

Requestor name:		Requestor's title:	
Organization name:		Telephone number: ()	Fax number: ()
Mailing address:	City:	State:	Zip code:
E-mail address of organization:	Date of request:	Desired completion date: <i>(Please allow at least ten working days for a reply)</i>	

Are you a: ☐ EWC Primary Care Provider **NPI number:** _____
 ☐ EWC Advisory Council Member / Stakeholder
 ☐ Other: _____

Detailed Description of Data Requested

Does the data being requested consist of ***Protected Health Information?***

☐ No ☐ Yes *If yes, please identify:* _____

Is the data being requested for a third party?

☐ No ☐ Yes *If yes, please identify:* _____

Evaluation time period: _____

Please describe your request in detail *(attach an additional sheet if needed; include NPI if applicable):*

How will the requested data be used? *(check all that applies)*

- | | |
|---|---|
| <input type="checkbox"/> Monitor client enrollment
<input type="checkbox"/> Track cases of DCIS, LCIS, invasive breast and cervical cancer
<input type="checkbox"/> Track data submission for client screening and/or follow-up information
<input type="checkbox"/> Monitor track service and/or case management claims
<input type="checkbox"/> Presentation, please specify audience: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Audits and investigations
<input type="checkbox"/> Grant application, policy development, program planning, budgeting
<input type="checkbox"/> Program evaluation and research
<input type="checkbox"/> Legal documentation |
|---|---|

Please Note: Any information that can be used to identify an *Every Woman Counts* client is Protected Health Information (PHI) under the federal Health Insurance Portability and Accountability Act (HIPAA). CDTB will only release PHI on the basis of a demonstrated need to know, a signed confidentiality agreement or a healthcare services provider agreement, and with the approval of the affected client or designee.

Please read and sign the attached CDTB ***Public Use of Data Agreement***.

Cancer Detection and Treatment Branch: Public Use of Data Agreement

By the signature below, I, the requestor, agree to abide by the following provisions regarding use of California Cancer Detection and Treatment Branch (CDTB) data:

- Original CDTB data is released “as is.” Neither CDTB, Benefits Division, (BD), nor the California Department of Health Care Services (DHCS), or any of their respective divisions or subdivisions, make any representations, express or implied, about data completeness or accuracy, or fitness of the data for a particular purpose.
- Requestors assert that technical descriptions of the data published or distributed are consistent with those provided by CDTB. Consultations with CDTB staff to discuss uses and limitations of the data are encouraged.
- The data provided is only to be used for the purposes stated in the data request form, unless the Requestors obtain prior written approval.
- CDTB data is for the exclusive use of the individual requesting the data. The requestor will not alter, share, release or redistribute original CDTB data.
- Public communications must include a disclaimer attributing the Requestor’s own interpretations or opinions to the authors and not to CDTB.
- All publications using the information provided must acknowledge the California Department of Health Care Services, Cancer Detection and Treatment Branch (DHCS/CDTB) as the original source of material.
- Requestors will notify CDTB of all writings, public communications and/ or presentations, including but not limited to published articles, accepted abstracts, academic papers, and conference presentations or papers, that include or are based on CDTB data.
- Requestors agree to send to CDTB one (1) copy of any public communication or publication derived from the information requested.
- Research requests for de-identified products of analysis may require approval of the Department of Public Health Committee for the Protection of Human Subjects (DPH/CPHS). The CPHS may be contacted at 1600 Ninth Street, Room 432, Sacramento, CA 95814, telephone (916) 653-0176.
- Requestors agree not to use de-identified data to determine the identity of individual persons. Attempting to determine individual identities from public data is a violation of the federal Privacy Act, 5 U.S.C and the HIPAA Privacy Rule.

“Protected Health Information” or “PHI” means any information, whether oral or recorded in any form or medium that relates to the past, present, or future physical or mental condition of an individual, the provision of health and dental care to an individual, or the past, present, or future payment for the provision of health and dental care to an individual; and that identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual. PHI shall have the meaning given to such term under HIPAA and HIPAA regulations.

- DHCS and our Clinicians and Primary Care and Referral Providers agree to protect the privacy and provide for the security of PHI created, received, maintained, transmitted, used or disclosed pursuant to *agreements under separate cover*, in compliance with HIPAA and HIPAA regulations and other applicable laws.
- Computer or paper files containing PHI must be protected under lock and key and/or by encryption, and must be destroyed upon completion of all analyses pertaining to each request.
- Requestors are not authorized to release any of the data containing PHI to a third party.

Signature	Type or print name of person signing	Date
-----------	--------------------------------------	------

For office use only: Data request ID number: _____